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ABSTRACT

Research has shown that the majority of Americans believe in the concept of life after death in some form. To investigate the effects of afterlife anxiety on wellness in the elderly, 293 Los Angeles elderly were interviewed. An afterlife anxiety measure and measures of physical and psychological health were administered. Pearson correlations failed to support the hypothesis that afterlife anxiety would be related to well-being. However, small effects were noted for time perception and setting: elders who perceived time as slow, and those who lived in institutions, tended to feel more anxious about life after death. No demographic data were related to afterlife anxiety. The low correlations may be due to the complex nature of the afterlife anxiety variable, which demonstrates poor results empirically, indicating a need for further research. (JAC)

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Afterlife Anxiety in Older People

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Abstract

Two hundred and ninety three Los Angeles elderly were administered an afterlife anxiety item and several measures of wellness in order to test the relationship between afterlife anxiety and well-being. Pearson correlations failed to support the hypothesis, although small effects were noted for time perception and setting: That is elders who perceived time as slow, and those who lived in institutions, tended to feel more anxious about life after death.

Belief in the afterlife has traditionally been a popular concept and one which gerontologists and other social science investigators are researching with renewed vigour. One recent poll by the National Opinion Research Center estimates that as many as 53.5% of the American population believes in the concept of life after death in one form or another (Hynson, 1978). Anecdotal as well as rudimentary clinical evidence for life in the hereafter has been published, but for the most part, it has been met with a skeptical eye by the scientific community. Whether or not life after death truly does exist or proves to be an altered state of consciousness and mere "solipsistic fantasy" (Siegel, 1980 p.927) cannot be known at this time. But it is possible to investigate what it means to believe in life after death.

Elizabeth Kubler-Ross (1975) and other thanatologists have long recognized the importance and defensive function of afterlife beliefs for dying patients and their families. Belief in life after death was not only thought to assuage the anxiety of the moribund bound, but hope was then permitted in an otherwise hopeless situation. Similarly, for families and caretakers, afterlife beliefs offered a kind of solace which mitigated remorse and fear while enhancing their beliefs and rationale. Suprisingly, however, the

empirical literature, although small, consistently fails to confirm the relationship between death fears and belief in the afterlife (Berman, 1974; Berman & Hays, 1973; Hynson,1978; Kurlychek, 1976; Osarchuck & Tatz, 1973).

Two reasons may be thought to explain the lack of significant findings. The first is strictly methodological. Thusfar, only small samples of predominantly college aged adults have been used in examining the variance accounted. It may, however be more germane to investigate afterlife effects with an age group that has considerably closer proximity to death, ie., the elderly. Secondly, the anxiety level associated with a person's cognition, may be more meaningful than the actual cognition. While a person's beliefs may at times be uncertain, his/her anxiety level generally indicates what he/she is feeling. Invariably, it is a person's anxiety level that is reflected in their overall well-being.

The purpose of the study was to investigate the effects of afterlife anxiety and wellness in the elderly. Demographic variables such as gender (Klopfer & Price, 1978) age (Hynson,1978) and education (Berman & Hays, 1973) which have been previously established were entered into the analysis for replication purposes. Wellness was inferred

from scores on various health measures-- the idea being that those elders who are less well should be anxious about their own death and the afterlife.

Method

Two hundred and ninety three (N=293) Los Angeles elderly were selected in a quasi-experimental after only non-equivalent groups design. Data was collected by a psychologist and a graduate student who interviewed the subjects. Individuals were screened for English language, disability, and impairment by selecting only English speaking, ambulatory and physically unimpaired subjects. When deemed necessary, a standard mental status examination (Kahn et al., 1960) was included to rule out dementia. Additionally, all subjects were Caucasian, controlling for race.

Subjects were obtained from two settings in two manners of selection. Prospective community participants (N=186) were acquired through door-to-door canvassing of apartments and multipurpose centers of an age concentrated section of the city. The community group consisted of elders who were actively participating in at least one group membership organization. The institutionalized elders (N=107) were board-and-care level residents selected from a list of names

provided by institutional personnel. Each subject signed and returned an informed consent agreement and completed the interview schedule at that time. The amount of time necessary to complete the schedule approximated one hour. Subjects then returned the forms to the investigator.

The mean age of the sample was X=75.4 years (S.D.=7.0 years). The sample was overrepresentative of elders in terms of gender (80.5% female), race (100.0% Caucasian) and religion (84.3 Jewish). Most were retired (76.4%) though some reported part-time (9.1%) and full-time (5.5%) employment. Income tended to be quite low (24.4%) reporting income below ($4000.per annum). Education was high (29.5% reporting at least one college degree) with about one in four (22.4%) subjects reporting themselves as being married.

The interview schedule consisted of a demographic data sheet, an afterlife anxiety measure and several items of elderly wellness. Physical wellness was measured by an abbreviated version of the Cornell Medical Index (Brodman et al., 1949). Psychological health was assessed using the Symptom Checklist-90, a ninety item psychiatric inventory with good reliability and validity (Derogatis & Cleary, 1977). A futher measure of elderly wellness was included. The highly valid single item measure of perceived time reads

"Time moves faster/slower/same as always" (Baum, 1982). Afterlife anxiety was measured from the J-item of the Templer/McMordie Scale (McMordie, 1979). The item reads "The subject of life after death troubles me greatly" and is scored on a 7-point Likert type scale. Pearson correlations were then performed on all 293 cases.

Results

Table 1 presents the means, standard deviations, and correlations for all variables in the study. No demographic

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Insert Table 1 About Here

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data was found to be related to afterlife anxiety at the $p<.05$ level of significance. Similarily, the two measures of health, physical ($r=.04$) and psychological wellness ($r=.004$) failed to confirm the hypothesized relationship. However, two other variables were found to be significantly related to afterlife anxiety. Both perception of time ($r=.15$, $p<.01$) and institutionalization ($r=-.19$, $p<.001$) produced moderately low, but highly significant coefficients.

Discussion

The hypothesis that afterlife anxiety would be related to well-being in the elderly was not supported by the data. The lack of significant findings is consistent with other research in the field that fails to show most effects when examining the afterlife belief variable (Berman, 1974; Klopfer & Price, 1974; Kurlychek, 1978 and Orsarchuk & Tatz, 1973). Anxiety concerning afterlife belief is apparently no better at predicting than the actual cognition of afterlife belief itself.

However, two other variables were found to be significantly related to afterlife anxiety in older persons. Perceived time was inversely related to afterlife anxiety. That is, for those elders who perceive time as slower, there is an increase in anxiety concerning the afterlife. This makes sense. For those elders who perceive time as slow, there is more opportunity to dwell on afterlife and the anxiety associated with it. Similarly, the second finding that institutionlization is negatively related to afterlife beliefs, is consistent with the first finding in the sense that institutionalization is generally reserved for those elders who are not in mainstream society and for whom time has "slowed down." With institutionalization, more first hand opportunity to encounter death of peers, may

occur, causing them to reflect upon afterlife in a negative or anxiety producing way. Conversely, their community involved counterparts are more active and busy participating in group membership clubs, event planning, and socially organizing themselves to reflect upon an afterlife. They are simply too concerned with their lives in the " here and now." Other research has noted the interaction between community involvement, faster time, perception and maintaining a purpose in life (Baum, 1982).

Both correlations coeffiecents, however were quite low so at best the results are equivicol. Part of the reason may be due to complex nature of the afterlife anxiety variable which like afterlife belief and death anxiety demonstrates poor results empirically. While improved psychometrics would undoubtably enhance the adequacy of the construct, a theoretical monkey wrench accompanies any methodolgical gains. One elder boldly stated, "I've already had a coronary... so I'm not afraid." Was this person counterphobic to death's impact, denying his fear or is he truly unafraid? Similarly, does the lack of anxiety about the afterlife indicate an involvement in life's daily activities and lack of preoccupation with death, or simply an ommission of a belief in the concept. For instance, in this study, many institutionalized elders were of

European-Jewish decent-- an ethnicity/religion with moderate afterlife beliefs. Berman (1974) has noted the effect of religiousity as an intervening variable in afterlife belief and death fears, but it is uncertain which variables are involved-- ethno-religious, social, or other psychological ones such as emotional attachment and bonding.

Clearly, more definitive work in methodology and theory building is indicated. It will be important for gerontologists to pursue research into the beliefs and emotions held by older persons concerning afterlife and death. It is certain that elders have anxiety about death and life after death, but why this is so remains very much a mystery.

Footnote

1

An earlier version of this paper was presented at the 35th Annual Scientific Meeting of the Gerontolological Society, Boston, 1982. The author would like to thank Dori Katzen and Mark Sharpe for their assistance.

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Table 1

Means, Standard Deviations and Pearson Correlations of All Variables

Variables	$\bar{X}$	S.D.	r
Afterlife Anxiety	2.76	1.59	—
Gender	1.80	.39	-.05
Income	1.44	.49	.06
Education	1.94	.82	.03
Age	75.4	.07	-.06
Marital Status	.22	.42	.002
Health	17.72	10.78	.004
Psychological Health	1.48	.38	.04
Perceived Time	1.51	.73	-.15**
Institutionalization	.29	.46	-.19***

* $p < .05$

** $p < .01$

*** $p < .001$